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Feb 08, 1999 8:00am

**Secretary of State** 

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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 429000

SPACE RENTALS, INC.

Principal Plac	ce of Business	Mailing Address				IEI UREI UIUII UIC		Cidil Divil (Bal
1903 WOODME		1903 WOODMERE DR					•	
JACKSONVILLE FL 32210 JACKSONVILLE FL 32210								
US US					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 06/22/1973		٠	
2. Principal F	Place of Business	2a. Mailing Address	•		4. FEI Number		Ap	pplied For .
21	•	26			50-1472093		No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				<del></del>		\$8.75	Additional	
22 27					3. Certificate of Status Desired		Fee Re	equired
City & State City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the curre			
24	25		30	·	Personal Property Tax.		Yes	□No
	9. Name and Address of Current	t Registered Agent	<u> </u>	B1 Name	10. Name and Address of New R	legistered A	gent	
ALLE	EN, PAMELA L.		· [	Name	•			İ
1903 WOODMERE DR			Ţ.	Street Add	ress (P.O. Box Number is Not Accepta	ible)	•	
JACKSONVILLE FL 32210			ļ.	33	*****		479. 3	
			]'	93			98.	
	•		ħ	34 City			85 Zip (	Code
44 Puriumt	to the provinces of Sections 607.0500	) and 607 (500 Flade Park)		1		<u>FL</u>	<u> </u>	
DITICA OF A	to the provisions of Sections 607.0502 registered agent, or both, in the State of	of Florida. Such change was auf	thorizadi	ou the corporation	oration submits this statement for the on's board of directors. I hereby accep	purpose of cl t the appoint	nanging its ment as re	registered gistered
. accept is	am familiar with, and accept the obligati	ions of Section 607 0505. Florid	da Statut	ec .	• '	• • •		-
· ayencı a		10/13 01, 0000011 007.0000, 1 10/14	ua Otatui	<b>G</b> 3.	•			ſ
SIGNATURE		,						
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Registered A	gent signature require	<del></del>	DATE	DIDECTO	NDC IN 42
	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Registered A	gent signature require	od when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	t and title if applicable. (NOTE: F	Registered A	gent signature require	<del></del>	FICERS AND	DIRECTO	DRS IN 12
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PTD ALLEN, PAMELA L.	t and title if applicable. (NOTE: F	Registered A 13. 1.1 TIT. 1.2 NAM	gent signature require	<del></del>	FICERS AND		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP